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# STATE OF MONTANA BULLETIN OF THE Department of Health

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Vol. II.

December, 1919.

No. 12

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## “IS YOUR COMMUNITY FIT?”

Who is responsible for the health of your city? Have you a health officer? Does he give all his time to his office? Or, are you depending upon a busy doctor who accepts this position at a nominal salary for the honor he feels attached to it? It is well to bear in mind the truth of the motto: Public health is purchasable; in a large measure a community can limit the degree of prevalence of disease within its borders.

—U. S. Public Health Reports.



Published at Helena, by the State Board of Health.

Dreams grow holy put into action; work grows fair through starry dreaming,

But where each flows on unmingling, both are fruitless and in vain.

—Proctor.

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This Bulletin will be mailed to any person in Montana upon request mailed to the Secretary of the State Board of Health at Helena.

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STATE OF MONTANA  
Department of Public Health

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Helena

DIVISION OF COMMUNICABLE DISEASE

John J. Sippy, M. D., Epidemiologist, Helena

**COMMUNICABLE DISEASE REPORT FOR NOVEMBER, 1919.**

**COUNTIES AND CITIES.**

	Tuberculosis	Typhoid and Paratyphoid	Smallpox	Diphtheria	Scarlet Fever	Measles (morbillo)	Whooping Cough	Chickenpox	Influenza	Meningitis (epidemic)	Rocky Moun. Spotted Fever	Other Diseases (see Addenda)
Beaverhead .....	2											
Big Horn .....	1			1	3					1		
Blaine .....	1	2	2									2
*Broadwater .....												
Carbon, except .....	1									1		1
*Red Lodge .....												
*Carter .....												
Cascade, except .....	1	1		4	4	1			4			4
Great Falls .....	1		2	4	4	1			1			12
Chouteau .....					2							2
Custer except .....	2											1
Miles City .....			2	2	3							6
Dawson, except .....	0	0	0	0	0	0	0	0	1	0	0	0
Glendive .....		1			3				1			
Deer Lodge, except .....	0	0	0	0	0	0	0	0	0	0	0	0
Anaconda .....												1
Fallon .....	1											
Fergus, except .....		1	1		2							2
Lewistown .....			16	1	4							9
Flathead, except .....	1	2	2		13	1			16	3		6
Kalispell .....					14							2
Gallatin, except .....	2				15				3	4		3
Bozeman .....						1			73			1
Garfield .....												1
Glacier .....	0	0	0	0	0	0	0	0	0	0	0	0
Granite .....									1			
Hill, except .....		1										
Havre .....		2										
Jefferson .....												1
Lewis and Clark, except .....	1											
Helena .....					5	2						1
Lincoln .....			27		1				4			3
*McCone .....												
Madison .....	2				8							
Meagher .....	0	0	0	0	0	0	0	0	0	0	0	0
Mineral .....	0	0	0	0	0	0	0	0	0	0	0	0
Missoula, except .....	0	0	0	0	0	0	0	0	0	0	0	0
Missoula City .....	1	1	1	4	3							14
Musselshell .....					13				3			
Park, except .....	0	0	0	0	0	0	0	0	0	0	0	0
Livingston .....	1					1				1		5
Phillips .....	0	0	0	0	0	0	0	0	0	0	0	0
Pondera .....	1	6	1									
Powder River .....	0	0	0	0	0	0	0	0	0	0	0	0
Powell .....	6											
Prairie .....					13							
Ravalli .....	2		5		17							1
Richland .....	0	0	0	0	0	0	0	0	0	0	0	0
Roosevelt .....	1		20				1					2
Rosebud .....			8									1
Sanders .....			1						2			2
Sheridan .....					2							
Silver Bow, except .....	1			4	6							
Butte .....	3			6	7			19				a92
Stillwater .....					1							3
*Sweet Grass .....												
Teton .....	0	0	0	0	0	0	0	0	0	0	0	0
Toole .....	0	0	0	0	0	0	0	0	0	0	0	0
Treasure .....	0	0	0	0	0	0	0	0	0	0	0	0
Valley .....	1		19						2			
Wheatland .....			3		2							3
Wibaux .....					1							
Yellowstone, except .....	1				1				1			1
Billings .....			1	1	1	1		1				16
Total .....	29	22	111	31	138	8	4	127	12	1	0	199

**ADDENDA.**

\*Delinquent. Health officers failed to perform duty of reporting.

Other communicable diseases reported: Encephalitis Lethargica, 1; Erysipelas, 2; German Measles, 3; Gonorrhoea, 144 (including 44 drug store sales of gonorrhoea remedies); Mumps, 3; Pneumonia, 3; Epidemic Poliomyelitis, 2; Septic Sore Throat, 2; Syphilis, 39.

## MONTANA LOCAL REGISTRARS OF BIRTHS AND DEATHS.

For the convenience of physicians, undertakers and others who have to do with the registration of births and deaths, the following list of local registrars will be of service. Through lack of thorough acquaintance with the topography and trade areas of each section of the State it has not been possible to clearly define the limits of the registration district. It is hoped that experience will make this possible and the State Registrar welcomes suggestions as to boundaries. In meantime physicians and others will confer a favor by reporting to the local registrar nearest to point of birth or death. In emergency any local registrar may authorize any other local registrar to act as sub-registrar and to issue burial permits in the name of the former.

**BEAVERHEAD COUNTY**—Dillon, Dr. M. A. Walker; Wisdom, Dr. F. E. Buchen.

**BIG HORN COUNTY**—Crow Agency, Mrs. Myrtle Nelson; Hardin, Dr. O. S. Haverfield.

**BLAINE COUNTY**—Chinook, Mr. Julius Lehfeldt; Corral Coulee, Mrs. W. A. Hughes; Harlem, Dr. G. H. Miller.

**BROADWATER COUNTY**—Toston, Dr. H. A. Hewins; Townsend, Dr. C. W. Smith.

**CARBON COUNTY**—Bear Creek, Mr. C. M. Straight; Bowler, Mrs. D. Mae McKissick; Bridger, Mr. H. E. Wolfe; Fromberg, Dr. T. J. Benson; Joliet, Dr. W. F. Weedman; Red Lodge, Mr. R. G. Martin.

**CASCADE COUNTY**—Belt, Dr. A. E. Chamberlain; Cascade, Mr. Wm. Pepworth; Evans, Mr. Ira W. Thrasher; Great Falls, Dr. A. Dolan; Sand Coulee, Dr. H. F. Schrader; Sun River, Mr. C. A. Bull.

**CARTER COUNTY**—Ekalaka, Dr. W. G. Wendell; Piniele, Miss Lena M. Kohne.

**CHOUTEAU COUNTY**—Big Sandy, Dr. Gaylord Worstell; Carter, Dr. J. Kaulbach; Fort Benton, Dr. E. R. Fouts; Geraldine, Dr. G. J. Ten Brook; Genou, Mr. Frank M. Keyes; Hopp, Mr. Wm. Hopp; Montague, Mrs. Lee Preuninger.

**CUSTER COUNTY**—Ismay, Mr. E. S. Ayers; Knowlton, Mr. S. B. Forde; Meredith, Mrs. Mary Cooley; Miles City, Dr. A. R. Varco; Volburg, Mr. C. M. Allen.

**DAWSON COUNTY**—Glendive, Dr. A. L. Hammerl; Lindsay, Mr. Benj. Fellows; Marsh, Mr. N. C. Folger.

**DEER LODGE COUNTY**—Anaconda, Dr. J. M. Sligh; Galen, Dr. C. E. K. Vidal; Warm Springs, Mr. L. C. Cathcart.

**FALLON COUNTY**—Baker, Dr. W. H. Young; Plevna, Miss Anna M. Engels; Westmore, Mr. Wm. Salmon; Willard, Mr. F. W. Anderson.

**FERGUS COUNTY**—Denton, Dr. G. A. Woodcock; Grass Range—Dr. Hazel Freed; Hilger, Dr. J. C. Hodges; Hobson, Dr. W. E. Estabrook; Lewistown, Dr. T. H. Pleasants; Stanford, Dr. A. E. Myrick; Winifred, Mr. S. H. Jackson.

**FLATHEAD COUNTY**—Columbia Falls, Dr. W. C. Allison; Dayton, Mrs. Gertrude Hurlbutt; Kalispell, Dr. G. A. Fusion; Polson, Dr. G. B. Owen; Swan Lake, Mrs. Mabel Bond; Whitefish, Dr. A. T. Lees.

**GALLATIN COUNTY**—Bozeman, Dr. H. H. Judd; Three Forks, Mr. N. M. Kvvalnes.

**GARFIELD COUNTY**—Brusett, Mr. C. M. Smith; Cohagen, Mr. E. H. Weimer; Dilo, Mrs. M. McGlumphy; Edwards, Mr. F. M. Armstrong; Jordan, Mr. G. I. Fitzgerald; Lismas, Mr. D. F. Cole; Sand Springs, Mr. E. F. McRae; Wason Flats, Mr. Sam R. Wason.

**GLACIER COUNTY**—Browning, Mr. Stuart Hazlett; Cut Bank, Dr. P. O. Neraal; Cut Bank (Rural), Mrs. Mabel Lewis; Glacier Park, Mr. J. C. Graves.

**GRANITE COUNTY**—Drummond, Mr. H. T. Cummings; Philipsburg, Dr. W. I. Power.

**HILL COUNTY**—Chester, Dr. T. A. Ewart; Havre, Mrs. Ed. M. Allen; Hingham, Dr. L. J. Storkan.

**JEFFERSON COUNTY**—Alhambra, Mrs. Wm. Goggins; Boulder, Mr. J. E. Wild; Whitehall, Mr. Andrew Less.

**LEWIS AND CLARK COUNTY**—Augusta, Dr. R. D. Wright; Helena, Dr. Max W. Barbour; Marysville, Mrs. L. L. Lush.

**LINCOLN COUNTY**—Eureka, Dr. F. A. Long; Libby, Dr. P. Baxter; Libby, Dr. J. H. Morrison; Troy, Dr. W. H. English.

**McCONE COUNTY**—Circle, Dr. B. S. Rundle; Paris, Mr. C. E. Hutchinson

**MADISON COUNTY**—Pony, Dr. R. O. Grigsby; Sheridan, Dr. E. L. Sutherland; Twin Bridges, Dr. E. D. Baker; Virginia City, Dr. L. F. Molleur.

**MEAGHER COUNTY**—Lennep, Mr. H. W. Menth; Watson, Miss Luella Watson; White Sulphur Springs, Mr. J. D. Shorey.

**MINERAL COUNTY**—Alberton, Mr. H. C. Brown; Saltese, Dr. F. R. Fulcher; Superior, Dr. Elmer Fessler.

**MISSOULA COUNTY**—Missoula, Dr. J. P. Ritchey; Ronan, Dr. John Heidelman; St. Ignatius, Dr. T. A. Matthews.

**MUSSELSHELL COUNTY**—Emory, Mrs. Mary Lynch; Musselshell, Mr. J. J. McFaul; Roundup, Dr. D. E. Baird; Ryegate, Dr. L. F. Lubeley.

**PARK COUNTY**—Livingston, Dr. S. E. Leard; Wilsall, Dr. L. R. Carson.

**PHILLIPS COUNTY**—Dodson, Dr. K. Hamilton; Malta, Mr. O. P. Shenefelt; Saco, Dr. R. P. Minnick; Whitewater, Mr. S. A. Simonson; Zortman, Mrs. A. W. Armstrong.

**PONDERA COUNTY**—Conrad, Dr. W. L. DuBois; Valier, Dr. G. F. Tidymann.

**POWDER RIVER COUNTY**—Broadus, Dr. H. C. Meek; Loesch, Dr. Chas. James; Powderville, Mrs. P. C. Jensen.

**POWELL COUNTY**—Deer Lodge, Mr. Albert Bien.

**PRAIRIE COUNTY**—Graeber, Mr. G. E. Graeber; Mildred, Mr. L. B. Clarke; Terry, Dr. V. P. Garst.

**RAVALLI COUNTY**—Darby, Dr. Herbert Hayward; Hamilton, Dr. G. A. Gordon; Stevensville, Dr. P. S. Rennick.

**RICHLAND COUNTY**—Arthur, Mr. F. P. Colgan; Fairview, Dr. J. R. Perkins.

**ROOSEVELT COUNTY**—Bainville, Dr. A. C. Spooner; Brockton, Mr. Dale Curran; Culbertson, Dr. C. J. Munch; Froid, Dr. F. L. Darland; Poplar, Mr. H. E. Richard; Wolf Point, Mr. Chas. Gordon.

**ROSEBUD COUNTY**—Forsyth, Dr. A. C. Wilson; Sumatra, Dr. J. E. Midgett; Vananda, Mr. P. E. Bartel.

**SANDERS COUNTY**—Dixon, Mr. Frank Bernatz; Noxon, Mrs. Elizabeth E. Buck; Plains, Dr. E. S. Coats; Thompson Falls, Dr. O. F. Starr.

**SHERIDAN COUNTY**—Dooley, Mr. F. R. Decker; Medicine Lake, Mr. Emil Umbriet; Scobey, Mr. W. A. Lanctot; Plentywood, Dr. E. G. Steele; Westby, Mr. C. H. Bentley.

**SILVER BOW COUNTY**—Butte, Dr. E. R. Grigg.

**STILLWATER COUNTY**—Absarokee, Mrs. Emil Sabin; Columbus, Mr. B. E. Harris; Rapelje, Mr. W. J. Soderlind.

**SWEET GRASS COUNTY**—Big Timber, Mr. J. A. Lowery.

**TETON COUNTY**—Choteau, Dr. H. T. Rhoads.

**TOOLE COUNTY**—Galata, Mr. Chas. F. Brown; Grandview, Mr. E. J. Byrne; Gold Butte, Mr. Elmer Smith; Prospect, Mr. R. C. Dwyer; Shelby, Dr. M. D. Ridle; Sweet Grass, Dr. C. H. Merritt.

**TREASURE COUNTY**—Big Horn, Mrs. C. M. Vreeland; Hysham, Dr. J. C. E. Hagen; Myers, Mr. J. L. Morgan.

**VALLEY COUNTY**—Glasgow, Mr. C. E. Peterson; Hinsdale, Dr. T. L. Cockrell.

**WHEATLAND COUNTY**—Harlowton, Dr. S. K. Campbell; Hedgesville, Dr. H. H. Townshend; Judith Gap, Dr. E. M. Gans.

**WIBAUX COUNTY**—Carlyle, Dr. E. W. Templeton; Wibaux, Dr. E. E. Gaines.

**YELLOWSTONE COUNTY**—Billings, Dr. L. W. Allard; Broadview, Mr. N. C. Shepard; Laurel, Dr. R. Broughton.

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### THE SILENT MARCH.

(Written after an inspection of the thirty-odd maternity and children's homes in Kansas, by the Chief of the Division of Child Hygiene, Kansas State Board of Health.)

From out the open doors of shattered homes  
An endless line, a thousand new each year  
Step softly through our State.  
So still they are we scarcely know they're here.  
Too soon they learn to hush the joyous mirth of childhood's happy play.  
Repressed, they march to meals, to tasks, to play, to bed.

Sometimes they're roused from slumbers sweet at early morn  
To prayers of thankfulness for Charity's poor sop.  
Sometimes they're made to kneel upon cold stone for punishment, until  
their hurt nerves shriek,  
And then sent supperless to bed.  
The shears of Order clip the outreached tentacles of growing minds,  
And stiff and still they stand in hedge-like front,  
And people say, "How fine!"  
But worst of all, these hurt ones never feel the clasp of understand-  
ing arms,  
Or ever lay wet cheek against the warm cheek of one who cares.

In crowded loneliness and stultifying fear  
These prisoners of charity mark time,  
Until the gate of citizenship swings wide  
And they are thrust outside.  
Then, dazed and staggering, they're told  
That they must walk alone.  
If now their unaccustomed feet should slip  
Swift falls the arm of law,  
And they once more—mark time!

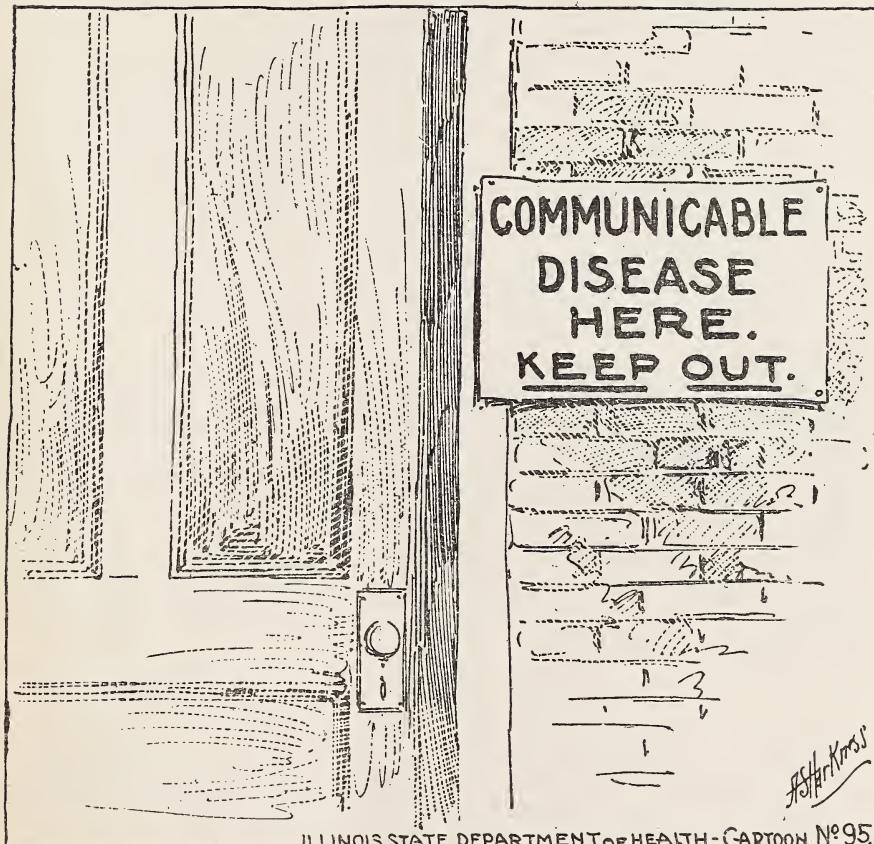
Awake, Oh State, and hark this muffled tread.  
**Your children** claim your care. **No parent else have they!**  
Will you stretch out parental arms and fill your empty homes  
With heart-starved little ones?  
Or shall they still march, chill and hurt,  
And turn on you the tragic wonder in their eyes?

—Florence Brown Sherborn, M. D.

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Do you object to having your physician report a mild case of contagious disease at your house so that quarantine may be established? What is your attitude toward burglary and other violations of law?

## A BADGE OF HONOR.



THE SIGN OF A GOOD CITIZEN AND AN HONEST DOCTOR

## THE IMPORT OF THE CENSUS.

By the Constitution of 1787 a decennial census was made a constituent part of the political system of the United States. A great French writer has attributed great credit to our government on this account, declaring it presents a phenomenon unprecedented in history—"that of a people who instituted the statistics of their country on the very day when they founded their government, and who regulated by the same instrument, the census of inhabitants, their political rights and the destinies of the nation." The fact is, however, that this provision of the Constitution was a necessity of the federal representative character of the government in which representation and direct taxation were required to be apportioned according to population. The first census was taken August 1, 1790, and decennially since. It is worthy of note that with a single exception (Sweden) the U. S. census antedates those of all other modern nations.

The fourteenth census begins January 2nd, 1920. If, as has been frequently asserted, any of the present social unrest can be attributed to the lack, or only part assimilation, of a large foreign immigration, this census as a means of determining a possible solution of our social problems, has an especial significance. It should be of marked interest to those states, and Montana is one of these, which have witnessed a high percentage of increase in their population in the last decennium, to see that the enumeration is accurate and complete in every respect, and to this end the census enumerators must have the support and assistance of every true citizen.

The philosophy of Government pre-supposes an acquiescence to the opinions and desires of its population. Demography (the study of the movement of population), then, is the essence of successful Government.

Even in states—and in this connection the state as a political unit must not be confused with "nationality"—composed of but one race, there may exist many warring temperaments and conflicting opinions, and the promotion of solidarity becomes extremely difficult. How much more difficult does it become in that state composed of many nationalities, for it must be realized that the desire to live its own life, to make its own rules, to preserve those customs and traditions which heredity has given it, is characteristic of every race and every nationality? The ability of such a state to establish a similarity of customs and environments, to reconcile opinion, and to promote new ideals to the exclusion of those inherited and decadent, determines its unity and its longevity. The permanence of that state rests upon its powers of homogeneity.

It is irrefutable that the state which must depend upon surmise for information as to its constituency is deficient in its beginning and may well anticipate irreconcilability of its elements, if not actual disintegration. A deference to racial influences and idiosyncrasies is necessary to complete harmony of action, hence an exact knowledge of the degree and the effect of the assimilation to which each race is subjected is the first concern of every political body, and the scientific study of the units of its population becomes its first duty.

Statesmanship is only a synonym for the auspicious application of known sociological principles derived from the study of the character and needs of population groups. It is obvious that such studies are wholly impossible without a most accurate registration of the units of those groups, and the chronicling of those events which mark the beginning, the continuity and the influence, and the end of the connection of each unit with the whole social body. Such statistics are well named "vital," for upon them rests not only the welfare of individuals, but the life of the state.

Many states have made legal and financial provisions for a census at mid-period between two national enumerations. Such an inter-census is of distinctive importance to states undergoing rapid growth.

How much is such a frequent study of its constituency worth to the Empire State of Montana and what will be the value of its influence in directing intelligent legislation? This question, together with that of more adequate financial support of the Division of Vital Statistics deserves the serious consideration of our best thinking representatives.

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### THANK YOU, DOCTOR!

Undertakers frequently complain that their efforts to obtain burial permits are delayed or hampered by procrastination, neglect or refusal of physicians to promptly sign death certificates. In some instances physicians cannot be found. Aside from the law which provides a penalty for refusal to sign such certificates, physicians should remember the ordinary courtesies which are due from one business man to another, and will confer a favor on funeral directors and this department by expediting the signing and transmission of proper death certificates. If expecting to be absent from the office attach cause of death and signature to blank certificate and leave with funeral director or office assistant where it will be immediately available on call.

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### BIRTH STATISTICS FOR THE BIRTH REGISTRATION AREA OF THE UNITED STATES.

1917.

The first annual birth report for 1915 included data for Connecticut, Maine, Massachusetts, Michigan, Minnesota, New Hampshire, New York, Pennsylvania, Rhode Island, Vermont, and the District of Columbia. Only one state, Maryland, was added to the birth registration area in 1916, but in 1917 the following nine states were added: Indiana, Kansas, Kentucky, North Carolina, Ohio, Utah, Virginia, Washington and Wisconsin, so that the birth registration area is now estimated to contain 53.1 per cent of the population of the United States.

These statistics make possible a comparison of birth rates for the registration area of the United States and for foreign countries and throw light on such matters as the extent to which the populations of the states and cities in the birth registration area are increasing through excess of births over deaths, the relation between the birth rate and the rate of infant mortality, the relation between the birth rate and the racial composition of the population, etc.

#### Statistics of Births and Deaths in 1917.

In the birth registration area of the United States in 1917 there were 1,353,792 living births, which represent a birth rate of 24.6 per 1,000 population, as against 818,983 living births reported in 1916, with a rate of 24.8. Of these births 696,101 were males and 657,691 were females, or a proportion of 1,058 males to 1,000 females.

For every state in the birth registration area and for most of the cities there is a marked excess of births over deaths, especially in those localities in which the proportion of foreign-born population is largest. The mortality rate of infants under 1 year of age per 1,000 births in the birth registration area is 94, ranging for the states from 67 in Minnesota to 120 in Maryland; for cities having 25,000 inhabitants or more in 1910, ranging from 53 in Everett, Mass., to 195 in Holyoke, Mass., in which place there is a "home" for infants.

## Comparison of Birth Rates for 1917 and 1916.

The birth rate (24.6 per 1,000 population) for the birth registration area as a whole in 1917 is slightly less than the rate for 1916 (24.8.) Six of the registration states, Connecticut, Maine, Massachusetts, Michigan, Pennsylvania and Rhode Island, show increases in the birth rates, while three, Minnesota, New Hampshire and Vermont, show decreases. The birth rates in 1917 for North Carolina and Utah (31.3 and 30.7, respectively), are the highest rates shown, while the greatest increases over 1916 are shown for Connecticut (1.2) and Maine and Rhode Island (each 0.6.) The greatest decrease in the birth rate is shown for Vermont, the rate per 1,000 population being 20.7 for 1917 and 21.4 for 1916, or a decrease of 0.7.

—3rd Annual Report Birth Statistics, U. S. Census Bureau.

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## STATE LIBRARY CENTERS FOR PUBLIC HEALTH NURSES.

The National Organization for Public Health Nursing has established State Library Centers in nearly all the states. These State Centers receive all reprints and bulletins of a number of allied organizations, as well as especially valuable pamphlets issued from time to time and chosen by the librarian of the national organization from the wealth of material available. The advantage of the State Library Center is evident, inasmuch as it provides a carefully chosen collection of public health literature within quick mailing distance. From this State Center, by paying postal charges, you may borrow and keep as long as needed material on any phase of public health nursing.

The Montana State Library Center is located at the University of Montana, Missoula, of which Miss Gertrude Buckhous is librarian. Nurses should write her for such literature as they may need.

### A. M. A. LAWS.

For the benefit of those physicians who refuse or neglect to report communicable diseases, and co-operate with the health department in other ways, we give below two sections from the by-laws of the American Medical Association. This association, as all physicians know, represents the medical profession of the United States and to which the highest medical authorities belong. Physicians need have no fear that they are doing wrong when the rules laid down by the American Medical Association are followed.

“Physicians, as good citizens and because their professional training specially qualifies them to render this service, should give advice concerning the public health of the community. They should bear their full part in enforcing its laws and sustaining the institutions that advance the interests of humanity. They should co-operate especially with the proper authorities in the administration of sanitary laws and regulations. They should be ready to counsel the public on subjects relating to sanitary police, public hygiene and legal medicine.

“Physicians, especially those engaged in public health work, should enlighten the public regarding quarantine regulations; on the location, arrangement and dietaries of hospitals, asylums, schools, prisons and similar institutions; on concerning measures for the prevention of epidemic and contagious diseases. When an epidemic prevails, a physician must continue his labors for the alleviation of suffering, without regard to the risk of his own health or life or to financial return. At all times, it is the duty of the physician to notify the properly constituted public health authorities of every case of communicable disease under his care, in accordance with the laws, rules and regulations of the health authorities of the locality in which the patient is.”

## DOCTORS AND BIRTH REPORTS.

One of the things that the A. E. F. learned about doctors was that very few of them could write their own names clearly enough to be read when the writing was cold. There were two measures of correction taken. One of them was to typewrite the name first and then sign over the typed signature. The other was to print all names in capitals.

As I look over the certificates of birth and death sent in by doctors I am bound to admit that a course of training in A. E. F. methods of writing names would be a most excellent thing. I would like to be able to take some of our doctors aside and reason with them after this fashion: "Look here, as an up-to-date doctor you know the great value of birth registration. Do you realize the injustice to your patient when you scrawl his name on the certificate in such a way that the clerk is uncertain whether it is intended for 'Smith,' 'South,' 'Louth' or 'Looth,' as happened this day? If the illegibility of the certificate causes it to be improperly indexed, it loses its value as a record and you have done to that innocent baby, too little to know that his rights are being violated, an injury that you would be very quick to resent were your own child the victim."

Some doctors have peculiar conceptions of what constitutes the "Full name of child." In a report received this morning the attending physician writes, happily, the letters "J. B., Jr." and evidently thinks that he has performed his whole duty; for, of course, the father's initials being J. B., the thing should be clear enough to any one, even a registrar. A moment's reflection must convince any thinking person, however, that initials are quite out of place in making the very first official record of the appearance of a totally new citizen. And not only should the Christian names be written in full, but it is also to be borne in mind that the surname is a part of the "full name of child" also.

Doctors seem to differ widely in the success that they have in inducing parents to name their infants promptly, so that the full names can be included on the first returns. One doctor, who reports a great many births, is one hundred per cent successful in supplying the child's name with the initial report. He is the type of successful physician that is looked up to with such respect that parents will act promptly, if only to accommodate him. It is our observation that the doctors of experience seldom fail to make complete returns. Waiting several days for parents to name the child is usually unnecessary, and it adds to your work to the extent of making out a supplemental report.

As one who has attended many births and made many reports of them may I suggest a few helpful principles?

1. Carry a pad of birth reports in your obstetric bag.
2. Preparing the birth certificate falls nicely into the little season of relief, when, everything over, you are giving your congratulations to the happy parents, offering a final word of advice, and perhaps arranging for the settlement of your account. Both parents are usually present and can easily be induced to agree upon a name.
3. Parents are glad to see you in the act of making the important record. They are always eager to assist. If they simply cannot decide on a name, insist upon their telephoning the decision in twenty-four hours.
4. Every item of the certificate is important and so is your signature. Do not neglect the "number of children born to this mother."
5. The "Twin, triplet or other" and "Number in order of birth" are to be left blank if not more than one child is delivered.

6. All living children are to be reported as "born alive."
7. Stillbirths in which foetal development indicates that the infant has passed the twenty-eighth week of intrauterine life must be reported both as to birth and death.
8. Write certificate in black ink or on the typewriter.
9. To be certain of accurate record, print name of child in capitals.

CHARLES H. LERRIGO, M. D.

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### DEATH AND BLINDNESS CAUSED BY WOOD ALCOHOL.

Owing to the heavy increase recently noted in the number of deaths and cases of blindness resulting from the drinking of wood alcohol by those ignorant of its dangers, the National Committee for the Prevention of Blindness, 130 East Twenty-second street, New York, is sending broadcast special warnings of the tragic consequences which may follow the use of wood alcohol, denatured alcohol and medicated alcohol for beverage purposes.

Occasional cases of this nature have been occurring from time to time for many years, but since national prohibition went into effect, there has been an alarming increase in all sections of the country due to the preparations of drinks in which wood alcohol has been used or in some cases where it has been taken straight.

The harmful action of this poison comes not only from taking it internally, but may likewise be induced by breathing its fumes, and by absorption through the mucous membranes of the body. Its effect is usually noticeable very shortly after exposure. Within a few hours after drinking, acute headache is noted, usually accompanied by violent attacks of vomiting, body pains, extending over the region of the kidneys, and excessive dizziness. Vision may become impaired, total blindness occur, and death itself result.

#### Wood Alcohol.

The wood alcohol used in the United States is obtained chiefly from the destructive distillation of wood—hard wood, birch, beech, maple, oak, elm, and alder being those most frequently used. The chief uses to which it is put are for the denaturing of grain alcohol; for various purposes in lines of common manufacture (especially as a solvent in the preparation of shellac, varnish, dyes, etc.), as an ingredient in medical and pharmaceutical preparations; in chemical industries and as a fuel and illuminant.

Only within recent years has wood alcohol become so dangerous to life and sight. Formerly it was a dark, bad-smelling, bad-tasting fluid which no one was tempted to drink. Later, a process was developed by which this color, smell and taste are removed. Wood alcohol, when purified in this way, looks, smells and tastes like grain alcohol, and may thus be easily substituted for it by unscrupulous persons.

#### Denatured Alcohol.

In 1906 Congress (following the lead of European countries) enacted a law permitting the general use of a tax-free industrial (denatured) domestic alcohol in order to stimulate industrial purposes for which the high cost of grain alcohol was prohibitive. Denatured alcohol usually consists of ninety per cent grain alcohol and ten per cent wood alcohol, thus rendering it unfit for drinking. It is being increasingly substituted for wood alcohol in many industrial uses, to eliminate the great dangers attendant upon the use of the latter.

#### Medicated Alcohol.

Pharmacists who hold permit and have given bond are allowed to medicate alcohol and sell it for non-beverage purposes in quantities

not exceeding one pint, provided they first medicate it in accordance with any one of nine formulas specified by the Commissioner of Internal Revenue, U. S. Treasury Department. Carbolic acid, formaldehyde and bichloride of mercury are the chief of these denaturing agents. The container of such medicated alcohol must bear a "Poison" label. The sale by pharmacists of medicated alcohol for industrial purposes is prohibited. It is sold chiefly for rubbing purposes.

In spite of these regulations and precautions some persons are using these poisons for drinking purposes, even at times completely disregarding the "Poison" label which may have appeared on the bottle. In other instances the victims have been ignorant of the dangers of that which they were using—the beverage having been prepared by others and sold under false pretenses or under some misleading name. When the original manufacturer of mixtures of this nature can be apprehended he has been, in many instances, subjected to severe punishment by the courts.

#### **WARNING.**

One teaspoonful of wood alcohol taken internally is sufficient to cause total blindness—a larger quantity often causes death. If you value your eyesight or your life, never use wood alcohol, denatured alcohol or medicated alcohol for drinking purposes. Pass this knowledge on if you would assist in reducing the fatalities which are occurring from this cause.

Attention is directed to the following sections of the Revised Codes of Montana, 1907:

"1636. It shall be unlawful for any person from and after the passage of this Act to retail \* \* \* wood alcohol, without labeling the box, bottle, vessel, paper or package in which said poison is contained, with the name of the article, and the word "poison," and the name and place of business of the seller. \* \* \* The label hereby required to be placed upon wood alcohol shall contain the following: 'Warning. The fumes of wood alcohol burned in a closed room, if inhaled, are injurious to eyesight, often producing total blindness.' \* \* \* Any person or persons violating the provisions of this section shall be deemed guilty of a misdemeanor. \* \* \*."

"8505. Adulterated Liquors. Whoever adulterates, for the purpose of sale, any liquor used or intended for drink \* \* \* or knowingly sells any such liquor so adulterated, shall be fined not exceeding one thousand (\$1,000.00) dollars, or be imprisoned for not exceeding one year in the county jail, or both such fine and imprisonment."

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#### **A BIBLICAL HYGIENIST.**

"Was King David a spitter?" asks M. P. R. "If not, why did he say, in Psalm cxli, 'Set a watch, O Lord, before my mouth; keep the door of my lips'?"—J. A. M. A.

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#### **VALUE OF VITAL STATISTICS.**

One can hardly have an adequate conception of the value of vital statistics who has not had personal experience in their application. We have found vital statistics worth more than all other considerations combined in moving thoughtful, practical men to intelligent and effective interest in the importance of the public health of their localities. There are many people who will become enthused over generalities, but the practical cool heads that we usually find dictating municipal policies are men who want facts, and the only way to reach this necessary influence in bringing about sanitary reforms is through vital statistics. Vital statistics are the right arm of the health officer.

—Michigan Bulletin.

## ∴ From Here and There ∴

Articles in the public press are of great value in promoting an interest in public health work. A health officer, unless his editors are ignoramuses or chumps, which they rarely are, will find the press of his town an invaluable aid in his work.

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"This seems to be a very dangerous precipice," remarked the tourist. "I wonder that they have not put up a warning board."

"Yes," answered the guide, "it is dangerous. They kept a warning board up for two years, but no one fell over, so it was taken down."

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Brush your teeth before you brush your shoes, the teeth are more important.—Michigan Public Health.

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### GONE BUT NOT FORGOTTEN.

Booze! Booze! Brain-wrecking booze!

Gone, but not forgotten;

At times you tasted pretty good,

And times you tasted rotten.

Our accidents from July the first

Have shown a marked decline,

And since the first month of the year

We haven't lost much time.

Before this our records show,

You'd have sent us to the devil.

But now we know our accidents

Are strictly on the level.

—F. E. Fisher, in *The Crucible*.

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### WASTEFUL POLICY.

"Now see what we have done," growled the city controller. "We have spent a lot of money preparing for an epidemic of contagious disease and by George! we haven't had a single case or a death to show for it. If we could have had a good sized epidemic it would have been easy enough to justify our public expenditures in the eyes of the people."

"I am quite satisfied to pay my share of this public loss," commented the intelligent taxpayer.

## QUARANTINE IS A RELIEF AT TIMES.

Joe Page, east of town, informed us over the telephone Tuesday that he is now living an ideal life—that during the last several weeks not a single book agent, solicitor, collector, peddler or agent of any kind has bothered him—not even a fruit tree agent. And he has not once been bothered with any one trying to collect a bill, even, though he says he owes a few.

There's a reason, however, for all things.

Joe is just recovering from the smallpox. He will be out in a few days now, he told us.—Eskridge Independent.

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“Does God fix the death rate? Once men were taught so, and death was regarded as an act of Divine Providence, often inscrutable. We are now coming to look upon infant mortality as evidence of human weakness, ignorance and cupidity. We believe that Providence works through human agencies, and that in this field, as in others, we reap what we sow—no more, no less.”—Dr. Emmett Holt.

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## IS YOUR HOUSE IN THE VALLEY OF GRIEF?

“A man's house,” says Beecher, “should be on the hilltop of cheerfulness and serenity, so high that no shadows rest upon it and where the morning comes so early, and the evening tarries so late, that the day has twice as many golden hours as those of other men. He is to be pitied whose house is in some valley of grief between the hills, with the longest nights and the shortest days.”

It is not an easy matter to build this mental mansion on “the hilltop of cheerfulness and serenity,” but how much more comfortable it is to live in than in the house in “the valley of grief between the hills.”

—The New Success.

# DON'T BREAK QUARANTINE !

This little girl had a light case of MEASLES — she did not feel sick at all.



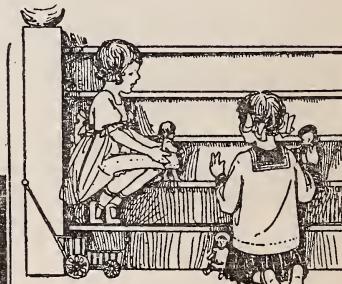
so she was out with the other children before she was entirely over it.



She went to Sunday School and gave it to 5 others, of whom 2 nearly died and 1 became deaf. These gave it to 19 more, of whom 3 died, 1 had intestinal ulcers, 1 had consumption, and 2 had troubles of the eyes, as results



She played with her baby brother — and the baby got it and died



She went to visit her little cousin, and she caught it — and then gave it to her father, who was sick for five months afterward and ultimately lost the hearing of his left ear

— And all this woe grew and grew because one household let its child break quarantine.